

## **HUSKY A TRANSITION**

### **Outreach Efforts and Communication Plan**

## **EXECUTIVE SUMMARY**

Effective August 1, 2015, HUSKY A income limits for parents and caretaker relatives were reduced from 201% of the Federal Poverty Level (FPL) to 155% FPL with the household income limit for children remaining unchanged at 201% FPL. With the previous barriers to affordable health care removed, the enacted budget takes advantage of opportunities available under the Affordable Care Act by transitioning coverage for HUSKY A parents with household incomes above 155% of the federal poverty level to the subsidized insurance coverage of Access Health CT and assumes savings of \$87.0 million (\$43.5 million state share) in FY 2017. As of April 2015, Connecticut was the only state plus Washington D.C. still providing Medicaid coverage to parents and/or other adults with income over 138% FPL (\$33,534 for a family of four).

### **Who is Affected?**

Approximately 18,903 parents and caretaker relatives were identified with household incomes above 155% FPL (about 17,688 with earnings and 1,215 without). The former were determined to qualify for Transitional Medical Assistance (TMA) for 12 months (from 8/1/2015 to 7/31/2016).

### **Transition Support**

Access Health CT (AHCT) and the Department of Social Services (DSS), in consultation with the Office of the Healthcare Advocate (OHA) and the Office of Policy Management (OPM), have partnered to develop for input the 2016 TMA plan to assist HUSKY A parents transition into Qualified Health Plans (QHPs).

### **Transition Plan**

The detailed plan integrates multiple outreach efforts, including written notifications with postcards, special mailers, and letters; direct calls to impacted households by live customer service representatives to help explain the change and facilitate action; connection with community organizations including hospitals, health advocacy groups, and local community support centers to help contact and inform the impacted population and solicit feedback and input into the approach; the locating of posters in areas where the impacted population currently receives services; and the targeted scheduling of enrollment fairs to provide direct person-to-person assistance in educating the impacted population about the change and how to enroll in coverage.

In addition to a comprehensive outreach strategy, particular emphasis is being placed on collecting relevant data from members of the impacted households regarding their current coverage status, their intent to enroll in new coverage through Access Health CT, or their rationale regarding a decision to not pursue other coverage. These measures will help us to carefully monitor the insured status of those losing Medicaid coverage and become aware of any trends that may need to be addressed by augmenting or changing the methods of outreach.